

Examiner Kumiko C. Koyama
Group Art Unit: 2876

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Attorney Docket No. FGT-11102/44

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brendan Solan et al.

Serial No.: 09/705,036

Filing Date: November 2, 2000

Group Art Unit: 2876

Examiner: Kumiko C. Koyama

For: METHOD FOR RECEIVING AND SHIPPING ITEMS

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TO: Examiner Kumiko C. Koyama

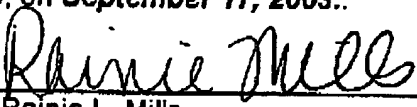
FROM: Beverly M. Bunting

PAGES: 26, including this cover sheet



DOCUMENT(S) BEING FAXED: Reply to Final Rejection, Transmittal Sheet

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this document for Application Serial Number **09/705,036** is being
facsimile transmitted to the Patent and Trademark Office fax number (703) ~~388-7772~~ **822-8306**
Attention **Examiner Kumiko C. Koyama**, Group 2876, on **September 17, 2003**.


Rainie L. Mills

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FGT-11102/44	
Applicant(s): Brendan Solan et al.					
Serial No. 09/705,036	Filing Date November 2, 2000	Examiner Kumiko C. Koyama		Group Art Unit 2876	
Invention: METHOD FOR RECEIVING AND SHIPPING ITEMS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	24 =	3 x	\$18.00	\$54.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$54.00
 <input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1180 in the amount of \$54.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: _____		
BEVERLY M. BUNTING, REG. NO. 36,072 GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, PC 280 N. OLD WOODWARD AVE., STE. 400 BIRMINGHAM, MI 48009 (248) 647-6000					
 32996 PATENT TRADEMARK OFFICE			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="border-top: 1px solid black; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div>		
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